RIDE Comprehensive Early Childhood Education Program
Initial Program Application

Date of Application _____

Program Information (Please print)

_____
Name

_____
Location (Street, City, State and Zip Code)

_____
Mailing Address (if different from above)

_____   _____
Phone Number   Fax Number (Optional)

_____   _____
Email Address (required)   Who is responsible for checking this email?

General Operations

How many physical preschool classrooms are you seeking approval for in your program?   _____

How many groups of children do these classrooms serve (submit one *Classroom Plan* for each group)?   _____

How many kindergarten classrooms are you seeking approval for in your program?   _____

Ages of Children (check all that apply)   ❑ 3's   ❑ 4's   ❑ 5's   ❑ Kindergarten

What days of the week is the program open?   ❑ Mon   ❑ Tues   ❑ Wed   ❑ Thurs   ❑ Fri

Program Hours of Operation   Opening Time _____   Closing Time _____

Program Length   ❑ School Year   ❑ Year Round

What other age groups does your program serve (check all that apply)?

❑ Infants, # of classrooms _____   ❑ Toddlers, # of classrooms _____   ❑ School Age

❑ Other, please describe: _____

Program Assurances

Sign and date each assurance, indicating your willingness to abide by these regulations at all times.

_____ (program name) hereby provides the following assurances:

Our program will be accessible for children and adults with disabilities in accordance with disabilities requirements including the American with Disabilities Act (ADA).

_____   _____
Authorized Signature   Date

The following staff-child ratios will be maintained in all RIDE Approved classrooms: 3, 4 and 5 year olds: 1:9 ratio with a maximum of 18 children per classroom **and/or** Kindergarten children: 1:12 ratio with a maximum of 24 children per classroom

_____   _____
Authorized Signature   Date

Our program will notify RIDE of any staff changes (educator coordinator, teachers or teacher assistants) in RIDE Approved classrooms within 48 hours.

_____   _____
Authorized Signature   Date

All consultants employed by this program will meet the minimum professional standards in their particular fields, and professional persons whose practice is regulated by state law will meet state requirements.

_____   _____
Authorized Signature   Date

Liability insurance for school personnel, children, transportation services and physical plant will be kept up to date at all times.

_____   _____
Authorized Signature   Date

Reports shall be submitted to the Commissioner of Education in such manner and form as may be required.

_____   _____
Authorized Signature   Date

The program is open to families for observations and visits whenever the program is in operation.

_____   _____
Authorized Signature   Date

Core Approval

What type(s) of CORE Approval does your program hold? (Please check all that apply)

- ❑ Community-based Early Care and Education Program licensed by DCYF (check all that apply):
    - ❑ Child care center non-profit
    - ❑ Child care center for-profit
    - ❑ Nursery School/Preschool
    - ❑ Head Start
- ❑ Public School
- ❑ Non Public School
- ❑ Special Education School

Governance Structure

Please describe the governance structure of your program.

Administrative Staff
Changes and updates to this list MUST be shared with RIDE throughout the year.

Owner/Authorized Individual

_____
Name   Phone   Hours on Site

Director/Designated Program Administrator

_____
Name   Phone   Hours on Site

Early Childhood Education Coordinator (Please complete a credential packet and attach it to the application.)

_____
Name   Phone   Hours on Site

Nurse/Physician   Is this person? a consultant ❑   a staff member ❑

_____
Name   Phone   Hours on Site

Program Map

In the space provided below, please create a map of **your program's indoor floor plan**. Your map must include:

- classrooms (label each one by **NUMBER**)
- children's bathrooms (label each one by **LETTER**)
- location of diapering facilities, as appropriate
- location of adult bathrooms

- designated adult space(s)
- main entry
- additional entries and exits
- access to the playground

Map

Playground Map and Schedule

In the space provided below, please create a map of the playground area used by your preschool and kindergarten classes. If there is more than one playground, complete a separate map and schedule for each playground. Your map must include:

- the dimensions of the playground*
- location of the school in relationship to the playground
- all entrance(s) and fencing

- playground structures
- access to drinking water
- access to shade

Playground Map

Playground Schedule
Please attach a copy of your playground schedule to this map. List all the groups that use this playground by number (name optional), and at what time, as well as any non-RIDE approved classrooms that use this space.

Classroom Plan (Submit one for each group of children that uses this classroom.)

Classroom #_____   Name (optional) _____

The walls in this classroom are ❑ floor to ceiling   ❑ stable partitions of at least 4 feet in height

Ages of Children   ❑ 3's   ❑ 4's   ❑ 5's   ❑ Kindergarten

Classroom Use   RIDE Starting Time _____   Ending Time _____ (minimum of 12 hours a week)

Enrollment Days   ❑ Monday   ❑ Tuesday   ❑ Wednesday   ❑ Thursday   ❑ Friday

DCYF Licensed Capacity _____

Requested RIDE Approval Capacity _____ (18 maximum for PS and 24 maximum for Kindergarten)

Which bathrooms serve this classroom? Please use the letter for each bathroom from your Program Map. _____

Education Coordinator Responsible for this Classroom _____

Teaching Staff
(Please complete a credential packet for each teacher and teacher assistant and attach each to the application, and include copies of 1st Aid and CPR cards.)

Name	Title	**Hours** Indicate planning time	**Qualifications** Teachers A or B Teacher Asst. A or B	1st Aid	CPR
				❑ yes exp _____	❑ yes exp _____
				❑ yes exp _____	❑ yes exp _____
				❑ yes exp _____	❑ yes exp _____

Other Staff
(Include all volunteers, foster grandmothers, substitutes, who currently work in this classroom on a regular basis.)

Name	Title	Hours

Classroom Schedule and Calendar
Please attach a daily activity schedule for this group, as well as a school year calendar, to this form.

Remember: A classroom is a group of children in a room with floor to ceiling walls. If floor to ceiling walls are not possible, then stable partitions of at least 4 feet in height shall divide the classroom and completely separate groups of children, as defined in Standard 3.